MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

Minutes

April 15, 2014

<u>Maryland Advisory Council Members:</u> Gerald Beemer, Sarah Burns, Chair; M. Sue Diehl, Vice Chair; Mike Finkle, Dennis McDowell, Robert M. Pender, Charles Reifsnider, John Turner

Maryland Advisory Council Members Absent: Richard Blair, Jaimi L. Brown, Michele Forzley, Joshana Goga, Joanne Meekins, Edwin C. Oliver, Livia Pazourek, John Scharf, Anita Solomon, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

<u>PL 102-321 Council Members Present</u>: Naomi Booker, Herb Cromwell, Kate Farinholt, Ann Geddes, Victor Henderson, Dan Martin, Alexis Moss, Cynthia Petion, Sarah Rhine, Michelle Stewart, Kathleen Ward, Phoenix Woody

<u>PL 102-321 Council Members Absent:</u> Lynn Albizo, Robert Anderson, T.E. Arthur, Coordinator; Michael Bluestone, Eugenia W. Conolly, Chicquita Crawford, Jan Desper, R. Terence Farrell, Nancy Feeley, Vira Froehlinger, A. Scott Gibson, Julie Jerscheid, Sharon Lipford, George Lipman, Michael Lang, William Manahan, Jacqueline Powell, Linda Raines, Sheryl Sparer

MHA Staff Present: Brian Hepburn, Robin Poponne, Iris Reeves, Greta Carter

Guests and Others:

Karl Steinkraus, ValueOptions®Maryland; Jessica Honke, National Alliance on Mental Illness of Maryland; Tim Santoni, University of Maryland-Systems Evaluation Center

INTRODUCTIONS/ADOPTION OF MINUTES:

The meeting was called to order by Council Vice Chair, Sue Diehl. Attendees introduced themselves. The draft minutes of the March 18, 2014 meeting were approved as corrected. John Turner was incorrectly listed as present. Please note that the corrected minutes will be posted on the Mental Hygiene Administration's (MHA) Web site at www.dhmh.maryland.gov/mha. The Maryland Advisory Council on Mental Hygiene's link is listed under "Resources".

ANNOUNCEMENTS:

- Mike Finkle announced that On Our Own of Maryland's (OOOMD) Annual Conference, "Riding the Waves: The Art and Science of Creating Happiness", will take place on June 5-6, 2014 at the Princess Royale Hotel, Ocean City, Maryland. Deborah Trueheart, national trainer, consultant, artist, and motivational speaker will deliver the keynote speech. For further information, contact OOOMD at 410-646-0262 or email: ooomd@onourownmd.org.
- Kate Farinholt announced that the NAMI Walk will take place on May 31, 2014 from 3pm to 6pm, West Shore Park, Inner Harbor, front door located between the Science Center and the Visitor's Center. There will be only one event in one location this year. The Downtown Inner Harbor Partnership continues to collaborate with NAMI toward the success of this event. For more information, contact NAMI at 410-884-8691 or register free of charge at www.namiwalks.org/maryland. Additionally, the NAMI MD Annual Conference will take place October 17-18 at the Sheppard Pratt Conference Center in Baltimore. Next year, there are plans to change the location to the Eastern Shore area.
- May 14th will be the date of the Annual MHA conference at Martins West. The theme is "Proactive Approaches to Care in Times of Change". Conference information is available on MHA's Web site, www.dhmh.maryland.gov/mha, through the Training Center link. You may also register at http://trainingcenter.umaryland.edu.
- Ann Geddes, Maryland Coalition for Children's Mental Health (MCF) announced an art exhibition at the Visionary Arts Museum, Jim Rouse Visionary Center, 3rd Floor Ballroom, 800 Key Highway, in Baltimore. on May 1, 2014 from 1:00 to 5:00pm. The exhibit, *Open Eyes, Open Minds: Raising Mental Health Awareness Through Art,* is part of activities to celebrate Children's Mental Health Awareness week. The event will feature the Art Exhibit, Presentations, Artist Discussions, Recognition Award, Collaborative Art, and the Children's Mental Health Matters Campaign Poster Reception. The event is open to the public and there is no cost to attend. The event is supported by the Maryland Coalition for Mental Health Awareness which includes advocacy organizations and dedicated community members working together to raise public awareness of mental illness and recovery, and reduce stigma through education and outreach.
- Cynthia Petion announced that the Annual MHA meeting, for stakeholders to give input toward strategies for the development of the Annual State Mental Health Plan, will take place on April 25th at Oheb Shalom in Baltimore City from 9:30 to 2:30. Individuals representing the interests of behavioral health (mental health and substance use) across the state are encouraged to participate. For further information, please contact Greta Carter, MHA, at 410-402-8473.

• Ms. Petion also reported that the states received an increase in the federal Mental Health Block Grant (MHBG) and are required to set-aside 5% of the MHBG funds to support evidence-based programs that address the first episode of psychosis. States will need to revise the FY 2014-15 MHBG planning document to address how they will utilize the 5% funding. Guidance from SAMHSA is forthcoming. Dr. Brian Hepburn added that the Maryland funding will be dedicated toward expanding the R.A.I.S.E (Recovery After an Initial Schizophrenia Episode) research initiative operated by MPRC, among other early prevention programs.

THE DIRECTOR'S REPORT:

MHA's Executive Director, Brian Hepburn, M.D., provided the following Director's Report:

Dr. Hepburn expressed concern for a report by the Treatment Advocacy Center, about the Public Mental Health System in Maryland, that received a great deal of media attention for taking positions on mental health issues that are extreme, inaccurate, and counterproductive to recovery and the continuum of care system. The report was not based on an accurate assessment of the current system.

On one hand, the rhetoric is bringing attention to mental health, which sometimes translates to additional funding. However, the concerns are greater that funding for mental health services could be cut if the perception of a non-effective system persists.

Here in Maryland, the continuum of care approach means that the opportunity to deliver services in a least restrictive, more appropriate setting, including important community-based services, is utilized whenever possible. Although no system is perfect, the results are overall positive and the benefits outweigh the disadvantages for individuals with mental illnesses.

THE JOINT COUNCIL'S RESPONSE TO CONCERNS:

Members of the Joint Council voted to write a letter to the Governor and other key state and national legislators to support the position that individuals with mental illnesses should maintain the right to treatment in the most appropriate environment, which will enhance recovery and successful community integration. The letter will include concerns and facts regarding the misinformation in the Treatment Advocacy Center Report. The emphasis is also on the need to prevent the taking of resources from community programs to fund institutional treatment.

PRESENTATION – TRAUMATIC BRAIN INJURY INITIATIVE - Stefani O'Dea, MHA Office of Adult Services, Chief of Long-Term Care

MHA is identified as Maryland's lead agency for Traumatic Brain Injury (TBI). Although MHA is not the main funding source, as lead agency, it does direct the state's plans initiatives, and services for individuals with TBI. Such initiatives include the Maryland TBI Advisory Board, the Brain Injury Resource Coordination and Training Program, and the Maryland's Waiver for Adults with TBI. The Home and community-based services waiver for adults with brain injury, along with other initiatives such as the Long-term Care and the Medicaid Balancing Incentive programs is raising the bar across the nation to support the development of community-based rather than facility-based care.

The TBI Advisory Board was established in 2005. It was charged with addressing the state legislature and the Governor on the impact of brain injury on the state, as well as to further advocate for issues and for individuals with TBI.

Unfortunately, TBI is widespread across the population and across the lifespan. The TBI program partners with Maryland Access Points and Aging and Disabilities Resource Centers, among others, to provide a "no wrong door" approach to screening and service linkage. Also, data has been collected and concussion laws developed resulting in increased education and awareness for trainers, coaches, and parents to take better precautions for youth involved in sports.

Ms. O'Dea provided highlights of Maryland's accomplishments, data trends, and TBI Board recommendations. MHA provides free presentations and trainings on TBI. Resource information may be found at http://www.dhmh.maryland.gov/mha/SitePages/tbi.aspx

Please see the Attached handout for additional information.

THE 2014 LEGISLATIVE SESSION – FINAL REPORT

LEGISLATIVE REVIEW – Updates from Community Behavioral Health Association (CBH), Mental Health Association of Maryland (MHAMD), NAMI MD, and Maryland Disability Law Center (MDLC)

The Legislative Session - CBH and MHAMD provided lists of updated actions on proposed legislation for the 2014 session related to mental/behavioral health. (See Attachments) Herb Cromwell and Dan Martin led discussions focused on the following bills:

- House Bill (HB) 1510 which merges MHA and ADAA was submitted to the legislature as a first step that covers mostly operational and accreditation issues Passed
- Maryland Medical Assistance Program Requires full coverage by Medicaid of telemedicine services; as of now DHMH allows coverage only for limited purposes -Passed
- DDA Deputy Secretary Gives DDA its own Deputy Secretary who would also act as DDA's administrator. Behavioral health would still have a Deputy Secretary Passed
- Establishment of Community Integrated Medical Home Program Passed
- Assertive Community Treatment (Continuity of Care Advisory Panel) Proposed as an alternative to outpatient commitment, establishes a program within DHMH to ensure specialized intensive services for individuals otherwise subject to court-ordered treatment. Passed and renamed as the DHMH Outpatient Services Programs Stakeholder Workgroup.
- Legislation that would allow courts to order involuntary outpatient treatment for individuals with mental illness did not pass. However, other legislation includes this issue as part of a Work/study Group under the above Assertive Community Treatment bill.
- Three bills to mandate involuntary treatment in the community were introduced. Two of them failed. However, the Mental Health Clinical Review Panel of Administration of Medication, which loosens the standard under which a person can be involuntarily medicated in a psychiatric hospital, passed.
- Special Education Individualized Education Program (IEP) Parental Notice Required Requires that parents receive certain oral and written information about rights and responsibilities in context of initial IEP evaluations Passed
- Senior Prescription Drug Assistance Program; extension of termination date Passed
- The Mental Health and Substance Use Disorders Safety Net Act of 2014 This would have expanded crisis services and other essential community supports and services historically underfunded - Did Not Pass. Bill had considerable support but did not pass second year in a row. New strategies will be considered for future submission.
- Task Force to Study Access to Pharmacy Services upon hospital discharge Passed
- The Task Force on Community-Partnered School Mental Health did not pass. However legislation that establishes a DHMH Task Force to study school-based health centers was referred to interim study.

• The Maryland Minimum Wage Act - Passed. A special reimbursement above the minimum wage for developmental disabilities direct care workers was folded in from other legislation but mental health was not included.

Budget legislation included additional community mental health funding to cover anticipated costs for the Affordable Care Act Medicaid expansion population as well as a 4% rate increase for community mental health providers effective January 1, 2015. The Behavioral Health Integration Program in Primary Care (B-HIPP) - a program aiming to support the efforts of pediatric primary care providers to assess and manage mental health concerns in their patients, was not included in the supplementary budget. However, B-HIPP will continue under other funding.

A final summary will be posted under the Joint Council link on Mental Hygiene Administration's Web site. Joint Council members may also visit CBH's Web site, www.mdcbh.org, the Mental Health Association of Maryland's Web site, http://www.mhamd.com, and NAMI's Web site, www.NAMI.org (click on advocacy and bills) for additional information.

COUNCIL BUSINESS:

On June 17, 2014, the Joint Council and the State Drug and Alcohol Abuse Council (SDAAC) will convene a combined meeting in the lower level conference room of Dix building, Spring Grove Hospital Center. Afterward, the Joint Council Planning Committee will meet to review the draft FY 2015 State Mental Health Plan.

The meeting was adjourned.

The Executive Committee will meet after the Council meeting.

Please note, the Agenda for the June 17th Combined meeting with the State Drug and Alcohol Abuse Council and the Maryland Advisory Council will be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site www.dhmh.maryland.gov/mha.